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CONFIRMATION NO. 1796

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/750,497	12/31/2003 RULE	604	3763	51678/AW/W112

APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/692,494 10/19/2000 PAT 6,905,495
 which is a CIP of 09/370,601 08/10/1999 PAT 6,852,120

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

05/03/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance				
Verified and	/LAURA A BOUCHELLE/ Examiner's Signature	Initials	CA	7	30	4
Acknowledged						

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TITLE

Irrigation probe for ablation during open heart surgery

FILING FEE RECEIVED 1036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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